

Form IFP-1 (Rev. 2/11/97, S.D. of Ohio)

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO

03 OCT 24 PM 1:16

FILED  
KENNETH J. MURPHY  
CLERK

DENNIS W. Pointer

Plaintiff(s),

-vs-

Case No. C-1-02-486

Sgt. Lyon et. al.,

Defendant(s),

APPLICATION AND AFFIDAVIT BY INCARCERATED PERSON  
TO PROCEED WITHOUT PREPAYMENT OF FEES

NOTICE TO PRISONERS REGARDING  
PROCEEDINGS *IN FORMA PAUPERIS*

**Prisoner account statement required.** Pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-131, 110 Stat. 1321, § 804(a) (1)-(3), 28 U.S.C. § 1915(a)-(h), a prisoner seeking to bring a civil action without prepayment of fees or security therefor must submit a certified copy of the trust fund account statement (or institutional equivalent) for the six-month period immediately preceding the filing of the complaint obtained from the cashier of the prison at which the prisoner is or was confined. 28 U.S.C. § 1915(a)(2).

**Filing fees.** The current fees for filing a habeas corpus petition, civil complaint, and notice of appeal are:

- |                                |          |
|--------------------------------|----------|
| • Habeas corpus petition. .... | \$5.00   |
| • Civil Complaint. ....        | \$150.00 |
| • Appeal. ....                 | \$105.00 |

## AFFIDAVIT

**ALL REQUESTED INFORMATION IN THE FOLLOWING AFFIDAVIT MUST BE FURNISHED. IF YOU FAIL TO COMPLETE ANY ITEM, THIS APPLICATION WILL BE RETURNED TO YOU WITHOUT FILING**

I, Dennis Pointer, declare that I am the (check appropriate box):

☒ petitioner/plaintiff/movant

☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of the full filing fee or costs under 28 U.S.C. § 1915, I declare that I am unable to prepay the full filing fee or the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under the penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No

If "Yes," state the place of incarceration:

Southern Ohio Correctional Facility

(If "No," this is the wrong form for you. You should request the Non-Prisoner Declaration in Support of the Request to Proceed In Forma Pauperis.)

2. Do you have a work, program, status assignment or other circumstances which causes you to be paid by the prison, jail, or other custodial institution?

☒ Yes

☐ No

If "Yes," state the amount credited to you each month: \$ 16.00 /month.

3. In the past 12 months have you received any money from the following sources? If so, state the total amount received.

a. Business, profession or other self-employment

☐ Yes

☒ No

\$           

b. Rent payments, interest or dividends

☐ Yes

☒ No

\$

- c. Pensions, annuities or life insurance payments ☐ Yes ☒ No \$ \_\_\_\_\_
- d. Disability or workers compensation payments ☐ Yes ☒ No \$ \_\_\_\_\_
- e. Gifts or inheritances ☐ Yes ☒ No \$ \_\_\_\_\_
- f. Any other sources ☐ Yes ☒ No \$ \_\_\_\_\_

If the answer to any of the above is "Yes", describe each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts outside the prison?  
☐ Yes Amount \$ \_\_\_\_\_ ☒ No
5. Do you have a secondary savings account, such as a certificate of deposit or a savings bond, which is recorded by the prison cashier?  
☐ Yes Amount \$ \_\_\_\_\_ ☒ No
6. Do you own any assets, including real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?  
☐ Yes ☒ No

If "Yes", describe each asset and state it's value.

ASSET

Autos \_\_\_\_\_  
 (Make/model/year) \_\_\_\_\_  
 Stocks \_\_\_\_\_  
 Bonds \_\_\_\_\_  
 Notes \_\_\_\_\_  
 Real Estate \_\_\_\_\_  
 \$ \_\_\_\_\_ (mortgage)  
 Other \_\_\_\_\_

VALUE

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

7. Have you on three or more prior occasions, while incarcerated or detained in any prison, jail or other facility, brought an action in a court of the United States that was dismissed on the grounds that it was frivolous, malicious, or failed to state a claim upon which relief may be granted?

☐ Yes

☒ No

If "Yes," list the dismissals:

Date Dismissed	Case Name	Case No.

### DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have submitted above a complete statement of all the assets I possess and that all of the information is true and correct.

I understand that my signature below authorizes the institution of incarceration to forward from my account to the Clerk of the Court any initial partial filing fee assessed by the Court in the amount of 20 percent of the great of the average monthly deposits to my prison account or the average monthly balance in my prison account for the six-month period immediately preceding the filing of the complaint. Thereafter, I authorize the institution of incarceration to forward monthly payments of 20 percent of my preceding month's income credited to my prison account until I have paid the full amount of the filing fee.

10-17-03  
DATE

Dennis Pointer  
SIGNATURE OF APPLICANT

Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of your prison trust fund account statement from the institution (s) of your incarceration showing at least the past six months' transactions.

**CASHIER'S STATEMENT**INMATE NAME: Alexis PainterINMATE NUMBER: 280-895STATEMENT DATE: 10 / 17 / 03

I, ROGER WEAKS, CASHIER AT THE SOUTHERN OHIO CORRECTIONAL FACILITY, CERTIFY THAT THE FOLLOWING INFORMATION IS A TRUE AND ACCURATE REFLECTION OF THE STATUS OF THE ACCOUNT MAINTAINED AT THIS INSTITUTION FOR THE BENEFIT OF THE ABOVE NAMED INMATE.

**BEGINNING BALANCE:**BEGINNING DATE 4 / 11 / 03 \$ 7.07**PAYROLL:**

TOTAL AMOUNT OF PAYROLL CREDITED TO THE INMATE'S ACCOUNT BY THE STATE OF OHIO FOR HIS JOB ASSIGNMENT FOR THE PRECEEDING SIX MONTHS.

\$ 96.00

AVERAGE MONTHLY PAYROLL AMOUNT FOR THE PRECEEDING SIX MONTHS.

\$ 16.00**RECEIPTS:**

TOTAL AMOUNT CREDITED TO INMATE'S ACCOUNT FROM ALL OTHER SOURCES DURING THE PRECEEDING SIX MONTHS.

\$ -0-**EXPENDITURES:**

TOTAL EXPENDITURES FOR ALL TRANSACTIONS FROM INMATE'S ACCOUNT FOR THE PRECEEDING SIX MONTHS.

\$ 81.07**CURRENT BALANCE:**ENDING DATE 10 / 17 / 03 \$ 16.00

TRANSACTION PERIOD FOR THIS STATEMENT IS 4 / 11 / 03 THROUGH THE 10 / 17 / 03.

Roger Weaks, Cashier  
ROGER WEAKS, SIGNATURE

10 / 17 / 03  
DATE